Spot-On Training and Obedience Class Registration Form

To insure space in a class, fill in the registration form and email it to [Seespotssmarts@gmail.com](mailto:Seespotssmarts@gmail.com) or bring it with you to the first class.

For additional information speak with the staff or call (831) 359-4033. You will also need to provide a current health certificate (Shot Records) for your dog(s).

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Starting Date of Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Learning Level: Basic\_\_\_ Intermediate\_\_\_\_

Dog’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age of Dog: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex of Dog: M / F Neutered / Spayed

Breed of Dog:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rabies Vaccination date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ DHLPP Vaccination Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bordatella (Kennel Cough) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Waiver of Liability

I, the undersigned, certify and represent that the dog named below has been vaccinated on the dates set forth above (or attached) and is not a hazard to person(s) or other dogs. Further, I agree to hold Spot-On Dog Training and Obedience and their respective representatives harmless from any claims or loss or injury, to my dog, myself and/or any of my guests, alleged to have arisen from attendance at these classe/private sessions. I assume all responsibility for my dog, myself, guest(s) and children. I have read the conditions of this wavier and agree to abide by the policies of the class and instructors.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

20100 Panoche Rd., Paicines, Ca 95043 Phone: (831)359-4033 Email: Seespotssmarts@gmail.com